

Nottingham City Joint Health & Wellbeing Strategy

2013 – 2016



Improving quality of life and tackling health inequalities in Nottingham

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Nottingham City Health and Wellbeing Strategy Amendment October 2013

The Nottingham City Health and Wellbeing Strategy 2013-2016 was published following endorsement by the Nottingham City Health and Wellbeing Board on the 26th June 2013.

This version published in October 2013 contains an amendment to the wording of the first action under the Integrated care: Supporting older people priority.

Chair's introduction

Welcome to the *Health and Wellbeing Strategy for Nottingham City 2013-16*.

This strategy sets out four priorities on which the Health and Wellbeing Board will focus its efforts to improve quality of life and tackle health inequalities¹ in Nottingham. The priorities in this strategy have clear, ambitious aims to improve citizens' health wellbeing. Achieving the targets will be challenging and even more so, given the current financial pressures we all face.

Achieving them will require strong partnership work and collective effort from everyone in Nottingham – citizens, local businesses, community and voluntary groups and public organisations.

The priorities, which are discussed in greater depth later in this document, are to:

- Prevent alcohol misuse to reduce the number of citizens who develop alcohol-related diseases
- Provide more integrated health and social care services that will ensure a better experience of care is offered to older people and those with long term conditions
- Intervene earlier to increase the number of citizens with good mental health
- Support priority families to get into work, improve their school attendance and reduce their levels of anti-social behaviour and youth offending.

These were selected as our shared priorities for action because they reflect where the greatest additional impact can be made now to improve health and wellbeing through joint working between local agencies. The priorities will build on and complement the city's existing partnership working towards the Nottingham Plan to 2020, which includes the Healthy Nottingham priority, which the Health and Wellbeing Board is also responsible for.



A handwritten signature in blue ink, appearing to read 'Alex Norris'.

Councillor Alex Norris
Chair of Nottingham City Health and Wellbeing Board



A handwritten signature in black ink that reads 'Ian Trimble.' with a horizontal line underneath.

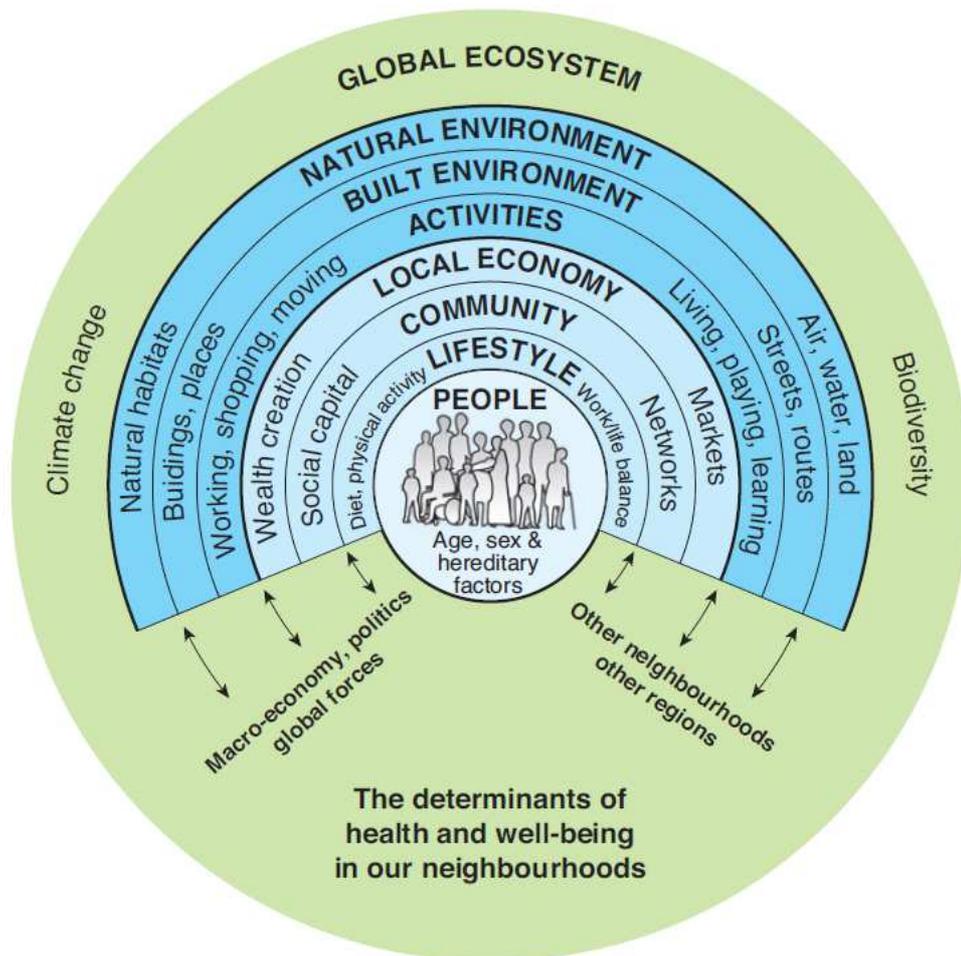
Dr Ian Trimble OBE
Vice Chair of the Nottingham City Health and Wellbeing Board

¹ Health inequalities are the differences in the health of different groups, for example the differences in life expectancy between different geographical areas

1. What is health and wellbeing?

Many things affect people's health and wellbeing. The diagram below shows some of these factors which determine the health and wellbeing of communities and individuals, ranging from climate change, the local environment to lifestyle factors, such as diet and physical activity.

Figure 1: The determinants of health and wellbeing in our neighbourhoods



Source: Barton and Grant (2006)

Many of the issues which affect our health and wellbeing are led nationally, but some issues can be influenced through action at a local level by public, private and third sector groups and organisations, working with communities and citizens.

2. Nottingham's Health and Wellbeing Board

Why have a Health and Wellbeing Board?

Under the Health and Social Care Act 2012, all areas in England must have a Health and Wellbeing Board which involves the key organisations that play a role in improving the health and wellbeing of citizens. The Nottingham City Health and Wellbeing Board became a Committee of Nottingham City Council in April 2013 and included in the council's constitution in May 2013. The Health and Wellbeing Board will lead and advise on work to improve the health and wellbeing of the population of Nottingham City and specifically to reduce health inequalities.

Who is a member of the Nottingham City Board?

- Representatives from citizens (Healthwatch Nottingham) and third sector providers of health and social care services
- Organisations directly involved in commissioning and providing healthcare, including Nottingham City Council, NHS Nottingham City Clinical Commissioning Group, Nottingham CityCare Partnership, Nottingham Healthcare NHS Trust and Nottingham University Hospitals NHS Trust, and the NHS Commissioning Board
- Other organisations whose work impacts the health and wellbeing of citizens, including the Crime and Drugs Partnership, Nottinghamshire Police, Jobcentre Plus, and Nottingham City Homes

What does the Board do?

The Board aims to reduce health inequalities by improving the health and wellbeing of Nottingham citizens and outcomes from health and social care services.

It leads on the development of the Joint Strategic Needs Assessment for Health and Social Care, which identifies the issues that need addressing across a broad range of health related behaviours, vulnerable groups and health and wellbeing outcomes.

It oversees joint commissioning and joined up provision for citizens, patients, including social care, public health and NHS services. It considers the impact on health and wellbeing of the wider local authority and partnership agenda, such as housing, education, employment, and crime and antisocial behaviour.

The Board has responsibility for the delivery of the Healthy Nottingham targets in The Nottingham Plan to 2020, and the delivery of this Health and Wellbeing Strategy.

In delivering this strategy, all partners on the Board are committed to:

- **Working together better** to improve the experience of citizens who use our services
- **Information sharing** so that the public sector can use the information provided by citizens to improve how services are designed

- **Engaging citizens and communities** to ensure that everyone can contribute to achieving the ambitions of The Nottingham Plan to 2020
- **Building on evidence to improve health and wellbeing**; this strategy and the work to deliver it will use information from the Joint Strategic Needs Assessment and other evidence and evaluation.

Development of the Health and Wellbeing Strategy

The 4 priorities within this Health and Wellbeing Strategy were developed by and on behalf of the city's Shadow Health and Wellbeing Board as part of Development sessions that were held in 2012. This process involved Board members and a wider group of colleagues from relevant agencies across the city. The Board agreed the 4 priorities in August 2012 and a draft strategy in February 2013. Following this a public consultation was held on the focus of the strategy priorities during March to April 2013. A response to the consultation is described in Appendix 1.

Acknowledgements

We would like to thank all colleagues who have helped develop this strategy, and also all colleagues, citizens and groups who contributed to the consultation. In particular, we would like to acknowledge the work of the following (in alphabetical order):

Alison Challenger	Consultant in Public Health, Nottingham City Council
Mandy Clarkson	Specialty Registrar, Nottingham City Council
Antony Dixon	Strategic Commissioning Manager, Nottingham City Council
Andrew Hall	Acting Director of Health and Wellbeing Transition, Nottingham City Council (until April 2013)
Nicola Heaton	Councillor, Chair of the Health and Wellbeing Board and Executive Assistant for Health (until May 2013).(Now Portfolio Holder for Community Services)
Lisa Hoole	Public Health Manager, Nottingham City Council
Colin Monkton	Joint Acting Director of Quality and Commissioning, Nottingham City Council
Alice Johnson	Policy Officer, Nottingham City Council
John Wilcox	Public Health Manager, Nottingham City Council

How can I find out more?

You can:

- Visit www.onenottingham.org.uk and follow the links to the Health and Wellbeing Board
- Telephone Constitutional Services (who organise the Board meetings) at Nottingham City Council on (0115) 8764305
- Write to Constitutional Services, LH Box 28, Loxley House, Station Street, Nottingham, NG2 3NG
- Read meeting minutes and agendas here: <http://open.nottinghamcity.gov.uk/comm/goto.asp?Type=1150>

3. Nottingham's health and wellbeing needs

Nottingham's population

There are 305,680 people living in Nottingham. Nottingham has a young age profile, with full time students aged 18 or over accounting for 15.0% of the population. In the short to medium term, we are unlikely to follow the national trend of increasing numbers of people over retirement age, although the number aged 85+ is projected to increase.

The city ranks as the 20th out of 326 districts in England in terms of the 2010 Index of Multiple Deprivation.

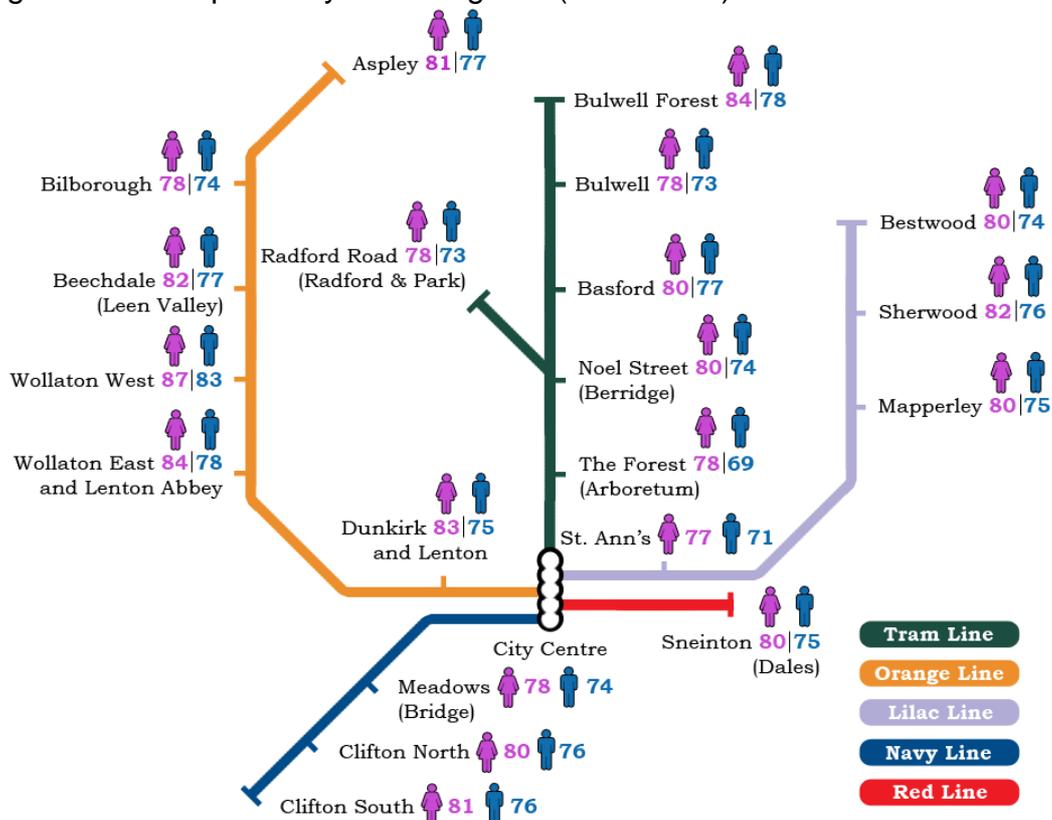
Nottingham is diverse in terms of ethnicity. 65% of the population are White British, and Nottingham has the highest proportion of people of mixed or multiple ethnic groups outside London.

Health inequalities in Nottingham

Life expectancy in Nottingham is almost 3 years less than England overall. There is a 14 year gap in life expectancy between Wollaton West and Arboretum for men, and an 10 year gap between Wollaton West and St Ann's for women. This is related to the difference in deprivation in these areas of the city as well as differences in the population in terms of age and ethnicity.

You can view further information on the health and wellbeing needs in Nottingham City through the [Joint Strategic Needs Assessment](#).

Figure 2: Life expectancy in Nottingham (2006-2010)



(Life Expectancy at birth 2006-2010. Source: ONS Public Health England)

4. Fit with other strategies

This strategy is a part of the wider approach to improving health and wellbeing in the city. **The Nottingham Plan to 2020**, is the city's overarching sustainable communities strategy which aims to improve citizens' lives in many different ways. The **Vulnerable Adults Plan** and the **Children and Young People's Plan** are other important strategies relating to care and health improvement in the city. This strategy builds on and contributes to these existing strategies, through a focus on four priorities which will improve citizens' health and wellbeing.

The Health and Wellbeing Board leads on the Nottingham Plan to 2020 Healthy Nottingham strategic priority. This includes the following 2020 headline targets:

- Reducing the proportion of adults who smoke
- Reducing the proportion of overweight and obese adults
- Increasing physical activity through sport and active recreation participation
- Reducing the gap in the cardiovascular disease mortality rate between the City and England
- Reducing the rate of alcohol related hospital admissions
- Reducing the proportion of adults with poor mental wellbeing

The city has a Tobacco Control Strategy, Healthy Weight Strategy, Physical Activity and Sport Strategy and Alcohol Strategy which set out the approaches to achieve these targets. A mental health strategy is also in development.

The Decade of Better Health programme has been developed as a way of involving local citizens and communities in helping to achieve the health related ambitions in the Nottingham Plan to 2020. The programme will be refreshed to support achievement of health outcomes across the life course.

The Nottingham Plan to 2020 has many other targets that contribute to the city's health and wellbeing which are also important to the Health and Wellbeing Board. These include reducing teenage pregnancy and child obesity, improving the local economy, reducing unemployment, improving housing, eradicating fuel poverty, reducing crime, increasing educational attainment, and reducing poverty and deprivation.

Other local strategies that make an important contribution to health and wellbeing include the Housing Plan, the Local Transport Plan, the Local Plan, the Breathing Spaces Open Spaces strategy and Homelessness Prevention Strategy.

5. Healthy Nottingham: Preventing alcohol misuse

Alcohol misuse in Nottingham

Drinking alcohol plays an important cultural and economic role in society. Nottingham has a thriving night-time economy that draws numerous visitors and makes a significant contribution to the local economy. However, around 17,900 adults (that's 12% of adults who drink alcohol) in Nottingham drink alcohol at levels which put them at increasing or higher risk of developing alcohol related diseases². These are not necessarily binge drinkers, although this figure will include some, it is those who drink at more harmful levels (over 21 units for men or 14 units for women) on a weekly basis. Alcohol screening information from newly registered students suggests that they may be more likely to drink above recommended limits.

In Nottingham the rates of hospital admissions related to alcohol are significantly higher than the England average, and rates have risen steadily since 2007/8. We will focus on preventing alcohol misuse, defined by a reduction in the number of people who drink at levels which are harmful to their health.

Work to reduce harmful drinking is set out in the [Nottingham Alcohol Strategy 2012-15](#). This will remain the key vehicle for delivery of many of the outcomes and actions below. The Health and Wellbeing Board will influence the Alcohol Strategy through its Health and Wellbeing Strategy.

Why is preventing alcohol misuse an important health and wellbeing issue?

Tackling alcohol misuse will help reduce health inequalities as well as reducing the costs associated with caring for people with alcohol related illnesses, absences from work, and alcohol related violence and crime.

Regularly drinking above guideline limits can impact short and long term health prospects. People over 35 who drink alcohol excessively have higher chances of death related to liver cirrhosis, mouth, neck and throat and breast cancer, as well as diseases related to high blood pressure. Excessive alcohol consumption is the major contributor to the mortality rate from liver disease, and Nottingham has significantly higher levels of this (16.23 deaths per 100,000 citizens) than both the England average (9.99 deaths per 100,000 citizens) and comparable areas (14.78 per 100,000 citizens).

Drinking too much alcohol is associated with domestic violence, crime, unemployment and anti-social behaviour. Nottingham has significantly higher rates of alcohol-related violent crimes (8.27 per 1000 citizens) and alcohol-related sexual offences (0.19 per 1000 citizens) than the England average (5.07 and 0.13 per 1000 citizens, respectively).

² Nottingham Citizens' Survey 2012

What we will do

We will reduce the proportion of adults who drink at harmful levels by a third³

We will also aim to achieve the following outcomes:

- Reduced alcohol-related anti-social behavior including street drinking
- Fewer adults binge drinking
- Lower rates of alcohol-attributable crime⁴
- Fewer alcohol-related deaths

The actions we will take to achieve these ambitions are:

- A complete ban on street drinking across the city
- Ensure that the recovery of those in treatment is supported by addressing wider factors associated with dependency, including housing and social care needs, employability, family support needs and domestic violence
- Support families, and their carers, to reduce their drinking, and join up referral between alcohol health promotion, treatment and aftercare services
- Raise awareness of the risk of excessive alcohol consumption among students through targeted health promotion work
- Provide universal, good quality drug and alcohol education and deliver effective harm reduction messages to children & young people
- Support professionals working with citizens to identify harmful levels of drinking and signpost to and support a healthier approach to alcohol consumption
- Extend to neighbourhoods the successful schemes which encourage responsible drinking and enforcement, so that alcohol-related harm is reduced across the whole city, such as the introduction of the voluntary “super strength free” code for off-licences
- Work towards a net reduction in the number of licensed premises and off-licences
- Support national campaigns to tackle alcohol misuse, such as introducing a minimum unit price for alcohol

³ This will be seen through a reduction in the proportion of adults drinking at increasing or higher risk levels from 12% (estimated 17,864 adults, in 2012) to 8% (estimated 11,525 adults), measured through the Citizens’ Survey

⁴ These are: violence against the person, sexual offences, robbery, burglary dwelling, theft of a motor vehicle, theft from a motor vehicle (LAPE User Guide, 2012)

6. Integrated care: Supporting older people

Supporting older people in Nottingham

The experience of frail elderly citizens and adults with long term conditions (such as diabetes, cancer and dementia) who use health and social care services in Nottingham is not as good as it could be⁵.

There are many reasons for this. As people live longer, the level and type of needs are becoming increasingly complex. Comparatively high levels of poverty and deprivation in Nottingham also result in a higher than average proportion of citizens with long-term conditions and other complex needs. As demand has increased so has the number and type of services to meet those needs. This has resulted in a local 'map' of health and social care services, that is complicated and fragmented, leading to citizens struggling to know where they can access help.

This strategy commits to improving citizens experience of care through the delivery of more integrated primary, secondary health and social care services. This will include the development of locality based teams with the flexibility to respond to differing needs in local populations.

Why is integrating health and social care an important health and wellbeing issue?

The number of citizens age 85 and over is growing, projected to rise from 4,900 in 2012 to 5,600 in 2020. This is significant as a third of citizens aged 85 require a social care service and this figure increases to 80% by the time they reach 90 years.

There are estimated to be more than 18,000 people aged over 65 with a long-term condition in the city. Citizens with long-term conditions tend to use significant amounts of health and social care resources. In 2011, they accounted for 52% of all emergency admissions to Nottingham University Hospitals (14,124), as well as 66% of all bed days (79,565).

Health and social care services need to intervene early in a more integrated and timely way so that citizens most at risk are identified and support is in place before a crisis (e.g. hospital admission, residential care placement) occurs. Support needs to be available to citizens to help them maintain their independence for longer. Where citizens require significant support from health and social care services, this needs to be provided more effectively and efficiently so that citizens can have the most benefit.

⁵ Findings from initial analysis for Integrated Care programme, based on citizen and stakeholder engagement and performance monitoring, 2012

What we will do

We will improve the experience of and access to health and social care services for citizens who are elderly or who have who have long term conditions

We will also aim to achieve the following outcomes:

- More elderly citizens will report that their quality of life has improved as a result of integrated health and care services
- The number of older citizens remaining independent after hospital admission will increase

The actions we will take to achieve these ambitions are:

- Develop community health services with social care support linked to groups of GP practices working in geographically proximate areas
- Provide better information about services and how to contact them so that citizens know what health and social care choices are available locally and who to contact when they need help
- Develop a process to identify individuals who will benefit from earlier intervention as well as those requiring support from health and social care services, building on risk stratification, risk registers and data held by relevant agencies
- Support citizens maintain their independence and manage their own care through the creation of effective networks with community, housing and health support services
- Ensure that there is a single person responsible for coordinating the care of citizens with complex needs
- Restructure and skill up our workforce so that health and social care services work better together to deliver the right care at the right time
- Develop a range of transparent quality measures appropriate to the service being delivered and publish the results so that citizens know what standards of service that they can expect and how this is improving
- Increase the number of people signing up to the Nottingham Circle and develop other provision to address social isolation and loneliness

Other work is also underway to improve the integration of health and social care services, including the following:

- Integrated assessment and reablement services
- Creation of a telephone number for citizens requiring both health and social care support
- Putting more technology into people's homes to support them and their carers

7. Early Intervention: Improving Mental Health

Mental health in Nottingham

One in four people will encounter mental health problems⁶ at some stage of life. At any one time, 40,000 citizens in Nottingham have depression or anxiety and around 3,000 have serious mental illness.

Positive experiences throughout the life course from early years to old age promote good mental health. Contributing factors may include education, employment or other roles in society, ability to manage debt and good housing. Factors such as isolation, domestic abuse and alcohol/substance misuse can have a profound negative impact. There is also growing evidence that improving mental wellbeing increases the resilience of individuals and groups, and produces a wide range of benefits across society^{7 8}.

Nottingham is developing a Mental Health Strategy which will bring together the identified priorities from the National Strategy 'No Health without Mental Health', with those of the Nottingham Plan, this Health and Wellbeing Strategy and the Clinical Commissioning Group Strategy. This overarching strategy encompasses broad aspects of mental health for adults in Nottingham City, and links to other relevant specific strategies such as the Children and Young People's Plan and the Suicide Prevention Strategy.

Our mental health early intervention priority addresses two very specific aspects of mental health which the Health and Wellbeing Board have identified as making a difference in Nottingham City.

Why is early intervention to improve mental health a health and wellbeing issue?

Improving early years experiences to prevent mental health problems in adulthood

About a quarter of all adults with mental health problems have had early signs in childhood⁸. Therefore interventions have been chosen to focus on areas which we know can maximise impact throughout the life course.

About 5% of children aged 5-10 years are affected by conduct disorders, and about half of these children go on to have adult antisocial personality disorder. Evidence shows that taking action earlier to treat issues and prevent mental

⁶ The phrase 'mental health problem' mirrors the terminology used in the National Strategy 'No Health Without Mental Health' It describe the full range of diagnosable mental illnesses and disorders, including personality disorder. It states that: "Mental health problems may be more or less common, may be acute or longer lasting and may vary in severity. They manifest themselves in different ways at different ages and may (for example in children and young people) present as behavioural problems."

⁷ Department of Health. 2011. No Health Without Mental Health.

⁸ Kim-Cohen J, Caspi A, Moffitt T et al. (2003) Prior juvenile diagnoses in adults with mental disorder. *Archives of General Psychiatry* 60: 709–717; Kessler R, Berglund P, Demler o et al. (2005) Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey Replication. *Archives of General Psychiatry* 62: 593–602.

health problems occurring can be effective. More intensive parenting programmes targeted at children at risk of developing significant behaviour problems⁹ have been shown to be effective and can bring savings to the public purse over 25 years of £8 for every £1 spent.

There is also a strong case for universal services which are not stigmatising, improve awareness of early development across the whole population and which can save money by preventing the need for more intensive help^{10 11}. Whilst it is essential for children and families to be able to receive the specialist support and help that they need, there can be negative effects of labelling children with a diagnosis such as 'behavioural problems' or 'conduct disorder'. In addition to this, waiting until the child displays 'symptoms' of behavioural problems delays help that could have been received earlier.

Pathways that ensure all children and families are able to receive the right level of support from brief interventions to more specialist help will:

- Improve positive parent-child relationships, and behaviour through appropriate support for all
- Identify children and families who need additional help and support more quickly
- Reduce negative effects of stigma associated with labelling for many children who can be helped by low or intermediate level interventions

Mental health and employment

There are close links between work and good health and wellbeing; both physical and mental. As identified in Dame Carol Black's review¹² of the health of Britain's working age population 'For most people, their work is a key determinant of self-worth, family esteem, identity and standing within the community, besides of course material progress and a means of social participation and fulfilment'. In this way, employment has an impact on individuals and families, with the effects continuing across the life course.

The employment of people with long-term conditions and those with mental illnesses is a key outcome in the government's Public Health Outcomes Framework, the National Mental Health Strategy and the 2011/12 NHS Outcomes Framework.

A growing body of evidence identifies that people with a disability, long term condition or who are workless are more likely to suffer from poor mental health. In addition to this, people with poor mental health tend to have much worse physical health, and are likely to die earlier than those without mental health problems.

There are mechanisms that work in both directions, poor mental health can prevent people getting into or remaining in work, and not being in work can contribute to mental health problems, thus creating a vicious cycle. Helping

⁹ Including conduct disorder and ADHD

¹⁰ Field, F. 2010 The Foundation Years: preventing poor children becoming poor adults. HM Gov.

¹¹ Allen, G. 2011. Early Intervention: Smart Investment, Massive Savings. HM Gov.

¹² Black, C. 2008. Working for a healthier tomorrow. London:TSO.

people back into work where they have been out of work due to mental ill health can also assist in some cases with recovery.

Employers have an important role to play both in supporting citizens already in work and in demonstrating a willingness to provide employment for people who have been out of work due to identified mental health conditions. Promoting wellbeing in the workplace has been shown to give an estimated return on investment of £9 for every £1 spent¹³. There is also a strong need to reduce the stigma of discussing mental health problems to allow people to access the right help and support, which employers can play an important part in.

What we will do

<p>We will increase the proportion of children referred for specialist Community Paediatrician assessment due to behavioural problems who have been offered access to earlier parenting interventions</p>
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This target is focused on enabling children and families to be able to access the right level of help and support for them earlier. By providing lower level advice and support, many more children and families will benefit, and those experiencing more difficult problems will be identified earlier. Some children may still need to go on to receive high level clinical support, but many may benefit from less intensive interventions such as parenting programmes. It will also enable families with higher level of need to receive some form of support and help earlier.

We will also aim to achieve the following outcomes:

- The number of parents and carers who feel well equipped to have a positive influence on their children's' behaviour will increase
- The number of children and families affected by behavioural problems will decrease
- The number of children going on to develop mental health problems in adulthood will decrease

Actions that we will take to achieve these ambitions are:

- We will ensure appropriate pathways are in place to enable children with behaviour problems are able to receive specific help earlier
- Providing tailored parenting programmes for citizens whose children at age 0-5 are at highest risk of developing conduct disorders.
- Commissioning health and wellbeing services jointly for children to ensure resources are deployed efficiently and services work together to give children the best start in life. Including undertaking two joint commissioning reviews in 2013/14 covering all services for children age 0-5 and 6-19.
- Work with partners to ensure parents and carers of children involved in parenting interventions are offered the opportunity to access help to

¹³ Knapp, M., McDaid, D., Parsonage, M (Ed). 2011. Mental health promotion and mental illness prevention: The economic case. DH.

improve their literacy and numeracy skills and signpost to advisors for debt management, benefits maximisation, housing, and other related services.

We will support 1,100 people over the next 3 years to remain in work or begin working, through enabling them to be in work where previously their health was a barrier to employment, including a focus on supporting people with mental health problems.

We will also aim to achieve the following outcomes:

- Increase the proportion of people living with diagnosed mental health conditions who are in employment
- Improve the quality of jobs that people with mental health problems are able to access
- Ensure that people with mental health problems have access to joined up support to help them in gaining and maintaining employment

The actions we will take to achieve this ambition are:

- Provide support to employers of all sizes to adapt their business to provide support for individual employees, flexible ways of working to maximise mental wellbeing and allow staff to remain in work and promote employee wellbeing to reduce the impact of mental health problems
- Promote openness and awareness regarding mental health problems and how to maximise health and wellbeing amongst employers and the general population
- Work with the voluntary sector to allow people to get the mental health benefits of being in work in other ways than through paid employment alone
- Work with communities, schools and colleges to help encourage an understanding and willingness to discuss mental health illness to reduce stigma
- Consider ways in which Nottingham City Council can be an exemplar employer by ensuring that policies to support employees with mental health problems are translated to their experience 'on the ground'
- Providing programmes to help at least 300 citizens on Jobseekers Allowance return to work where health has been a barrier
- Providing programmes to help at least 800 citizens manage their health condition so that they can remain in work

8. Changing culture and systems: Priority Families

Priority families in Nottingham

'Priority families' refers to families in Nottingham identified because they receive significant support from a wide range of services. Seven per cent (2,500) of families in Nottingham are responsible for 60% of all the associated public spending in Nottingham. Over three years we will work with 1,200 families in a new way, and subsequently evaluate the changes made in order to roll out across all families.

By working together better we can provide better services which support better outcomes for less money. To achieve this will require a cultural change in the way partner organisations work together.

Priority families typically:

- Have multiple issues that require significant support
- Experience the same problems across different generations, which often escalate in range and complexity over time
- Are assessed multiple times by different (and sometimes the same) agencies
- Feel they are 'passed' between numerous professionals in such a way that they are not sure what is happening next or why, or what their own responsibilities are

Why are priority families an important health and wellbeing issue?

Families with multiple issues often have a range of health and wellbeing issues. Often someone in the family has a complex health issue or long term condition but may not be managing their condition well. Other issues can include obesity, behaviour and mental health issues with children, neglect of children, mental ill health of adults, domestic and other violence, alcoholism and housing related issues.

When adding health issues to the other problems that the families experience, these families often face poverty, a reduced ability to gain employment and poorer health outcomes.

Some families have already been helped through the Priority Families programme and other projects. Where these have been successful they have tended to:

- Build a strong relationship between the family and the organisations working with them
- Use a comprehensive, family-based assessment and action plan
- Ensure strong supervision of the 'key worker' who liaises between the family and the organisations who work with the families

What we will do

We will engage 1,200 targeted families with the Priority Families programme. By 2016 at least 800 of these will have seen improvements in their school attendance rates, levels of anti-social behaviour and youth offending, and/or worklessness

We will also aim to achieve the following outcomes:

Support at least 800 of the 1,200 families engaged to achieve either [A] or [B] or both:

[A]

- All children; fewer than three fixed exclusions and less than 15% unauthorised absence in last three terms
- A 60% reduction in anti-social behaviour across the family in the last six months
- Under 18 offending to have reduced by at least 33% in last six months
- Progress to work for one adult not working e.g. volunteered for work programmes in last six months

[B]

- At least one adult moved off out-of-work benefits into continuous employment in the last six months.

The remaining 400 families will continue in the programme until outcomes are achieved.

Improved support for Priority Families will help to achieve the other ambitions in this strategy. These will include ensuring that children with behaviour issues receive specific help and reducing the number of people who drink alcohol at levels which harm their health.

The actions we will take to achieve these ambitions are:

- Selecting the initial group of families according to the Government criteria¹⁴
- Providing a lead professional or 'key worker' to be accountable for the relationship with each family
- The 'key worker' will have the support of all agencies involved with the family and will have strong supervision
- Undertaking a whole family assessment for each family, supported by a Whole Family Plan. More specialist assessments will be provided to support the plan where needed
- Support the workforce to deliver culture and practice change in line with this work
- Develop a single interagency database of families who are involved with the following programmes and services, to ensure appropriate support is provided:

¹⁴ Troubled Families Unit, Department for Communities and Local Government

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- Ending gang and youth violence (EGYV)
- Family Intervention Project
- Youth Offending Team
- Priority Families

Priority Families sets out a clear way of working with families, which will include more effective planning of support to families. It will change the relationship between priority families and agencies, including an increased emphasis on their responsibilities. If successful, this will become the way in which Health and Wellbeing Board partners work with all families in Nottingham where there are a range of often complex issues. This will therefore enable coverage to families from all backgrounds and brings in a range of specific cohorts, such as the EGYV group.

9. Appendix 1 - Health and Wellbeing Strategy Consultation

The Health and Wellbeing Strategy (HWBS) consultation ran from 5 March 2013 to 30 April 2013. Eighteen responses were received to the online survey.¹⁵ In addition feedback was received from seven events / meetings where the strategy was discussed. Written feedback was received on behalf of fourteen different organisations, partnerships or Council departments. In addition, feedback about integrated health and social care from public engagement between December 2012 and January 2013 has also been incorporated into the Supporting Older People priority.

Overall the topics discussed in the responses were very varied reflecting the broad interests and specialisms of the respondents.

Respondents highlighted the following priorities as missing or under-represented in the HWB Strategy:

• Wellbeing	The 4 priorities should improve wellbeing of individuals, their families and the community in which they live in different ways. The Nottingham Plan has a priority to improve the mental wellbeing in the city.
• Poverty	Poverty is not a specific priority of the strategy although it is recognised as an important determinant of health. The Nottingham Plan Working Nottingham strategic priority aims to tackle poverty and deprivation by getting more local people into good jobs.
• Child obesity	Child obesity is a is an existing priority within the Nottingham Plan that is being addressed through the city's Healthy Weight Strategy
• Smoking	Smoking is an existing priority within the Nottingham Plan that is being addressed through the city's Tobacco Strategy
• Students	Students are now mentioned under the alcohol priority
• Single people with complex needs	The needs of this group should be picked up through the work under the Vulnerable Adults Plan. Some of these people may also be included in the work under the alcohol, mental health and older peoples priorities.
• Physical health	The strategy includes the focus on improving the care for the physical health of older people through the integrated care programme. Other aspects of physical health are covered through the Nottingham Plan Healthy Nottingham priority and the Vulnerable Adults Plan.
• Other public health outcomes which are Council and CCG	Other important public health outcomes including reducing cardiovascular disease mortality, decreasing obesity, smoking, alcohol related hospital admissions, and improving mental wellbeing are

¹⁵ Not all respondents to the online survey answered all the questions

Nottingham City Joint Health and Wellbeing Strategy

responsibilities	priorities in the Nottingham Plan.
<ul style="list-style-type: none"> • Housing and homelessness and specialist housing needs 	<p>Housing and homelessness are important determinants of health and wellbeing which are not a headline priority in this strategy, but which the Board will need to consider in its work programme. The importance of the city's Housing Plan to health is mentioned in the strategy. The importance of supporting service users with specific housing needs is mentioned in the alcohol, integrated care and priority families sections of the strategy. Nottingham City Council and Nottingham City Homes which have major housing responsibilities in the city, are members of the Board. The needs of other Providers can be fed through the Health and Wellbeing Third Sector Provider representative.</p>
<ul style="list-style-type: none"> • Ending violence 	<p>Ending violence is not a headline priority in the strategy which the Board will need to consider in its work programme. The Ending Gang and Youth Violence programme is an important partner programme which is mentioned in the Priority Families section. The Crime and Drugs Partnership is a member of the Health and Wellbeing Board.</p>
<ul style="list-style-type: none"> • Young people 	<p>Two of the 4 priorities - mental health and priority families will have a particular focus on young people.</p>